

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	MDN	50	05-17-01
FORMALITY REVIEW	TH	953	06-25-01
RESPONSE FORMALITY REVIEW	ph	1020	10-9-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original 1	3/19/01
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
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